

| POSITION | INITIALS | ID NO. | DATE |
|---------------------------|-----------|--------------|-----------------|
| | <i>AS</i> | | <i>03/07/00</i> |
| FEE DETERMINATION | | | |
| O.I.P.E. CLASSIFIER | | <i>59</i> | <i>3900</i> |
| FORMALITY REVIEW | | <i>61001</i> | <i>4-26-00</i> |
| RESPONSE FORMALITY REVIEW | | | <i>8/24/00</i> |

INDEX OF CLAIMS

| | | | |
|---|----------------------------|---|--------------|
| ✓ | Rejected | N | Non-elected |
| = | Allowed | I | Interference |
| - | (Through numeral) Canceled | A | Appeal |
| + | Restricted | O | Objected |

| Claim | Date |
|----------|---------------|
| Final | |
| Original | <i>4/5/00</i> |
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| Claim | Date |
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If more than 150 claims or 10 actions
staple additional sheet here

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